

Norridge Police Department

Accident Review Board

Date assigned	Member	Present	Excused	Unexcused
5/1/2003	Sgt.Orlando	x		
5/1/2003	Cpl. Schober	x		
12/1/2012	Off. Turano	x		
5/1/2003	Off. Malicki	x		

Review Date: 09/15/15

M/V Crash: 15-12012

Officer: S. Deutscher #39

Squad #514

1.Classification I.

- The incident was NON-PREVENTABLE and the employee was not at fault. Caution was apparently exercised.
- The employee was legally parked or standing.
- The employee was aware of the impending hazard, was alert to the consequences and skillful in minimizing the effect of the hazard.
- In incidents the board resolves to be Classification I, no disciplinary action will be taken.

2.Classification II.

- The employee failed to exercise reasonable and due care.
- The employee deviated inexcusably from Dept. Rules and Regulations, Procedures and/or General Safety Practices.
procedures and/or general safety practices.
- In incidents the board resolves to be Classification II, disciplinary action recommended may be:
 - For the very first incident of record for the employee in a rolling 24 month period, a letter of reprimand will be issued and attendance and successful completion of a "Defensive Driving Course may be ordered. Only one letter of reprimand may be issued during the 24 month period in which the incident occurred.
 - For a second Classification II finding by the board in the 24 month period a 2 day suspension without pay shall be imposed.
 - For a third Classification II finding by the board in a 24 month period, a 3 day suspension without pay shall be imposed.

Recommendation: The board unanimously agreed 2a.

Sheet 1 of 1 Sheets

DRAC		PEDV		TRFD		TRFC		WEAT		DRVA		VIS		VEHD		LGHT		COLL		MANV		PPA		PPL		Sheet 1 of 1 Sheets		*U130291702*									
U1		U2		-		1		1		99		1		1		1		12		U1		U2		99		9		*P0111*									
INVESTIGATING AGENCY NORRIDGE												DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY <input checked="" type="checkbox"/> \$500 OR LESS <input type="checkbox"/> \$501 - \$1,500 <input type="checkbox"/> OVER \$1,500				TYPE OF REPORT <input checked="" type="checkbox"/> ON SCENE <input type="checkbox"/> NOT ON SCENE (DESK REPORT) <input type="checkbox"/> AMENDED				<input checked="" type="checkbox"/> A No Injury / Drive Away <input type="checkbox"/> B Injury and / or Tow Due To Crash				AGENCY CRASH REPORT NO. 1512012				TRFW 1									
ADDRESS NO. 4412				HIGHWAY or STREET NAME CANFIELD										<input type="checkbox"/> City NORRIDGE		<input type="checkbox"/> Township		INTERSECTION RELATED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		DATE OF CRASH mo day yr 09/13/15		TIME hr : min 8:46		LARS CODE 78000CAN		VEHT 1											
<input checked="" type="checkbox"/> 100 FT / MI <input type="checkbox"/> E S W <input type="checkbox"/> AT INTERSECTION WITH				MONROSE (NAME OF INTERSECTION OR ROAD FEATURE)										COUNTY COOK		PRIVATE PROPERTY <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		HIT & RUN <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		DOORING WITH PEDALCYCLIST? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		NUMBER MOTOR VEHICLES INVLD 2		LARS CODE 84412		U2 1											
NAME <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NOV (LAST, FIRST, MI) DEUTSCHER, STEVEN												DATE OF BIRTH mo day yr 02/24		MAKE FORD		MODEL TAURUS		YEAR 14		CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT 03				FRONT 8 1 2 7 9 3 6 5 4 REAR		TOWED DUE TO CRASH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		FIRE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		CELLPHONE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		EXCEED SPEED LIMIT <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		COM VEH <input checked="" type="checkbox"/> * IF YES SEE SIDEBAR		NO. LANES 2	
STREET ADDRESS 4020 N. OLCOTT				SEX M		SAFT 2		AIR 4		INJURY 0		EJECT 1		VIN 1FAHP2MKXEG153737		VEHICLE OWNER (LAST, FIRST MI.) VILLAGE OF NORRIDGE				INSURANCE CO. METROW INS SVC		TELEPHONE 708 4534770		POLICY NO. BGA3005403		VEHU 6											
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***IF YES TO COM VEH, COMPLETE MOTOR VEHICLE AREA ON BACK**

JANUARY 2013

REMEMBER TO USE BLACK INK, PRESS HARD, PRINT LEGIBLY AND COMPLETE ALL REQUIRED FIELDS!

U130291702

A Diagram and Narrative are required on all Type B crashes, even if units have been moved prior to the officer's arrival.

DRIVEWAY

DRIVEWAY

DRIVEWAY

DRIVEWAY

MONTROSE

INDICATE NORTH
BY ARROW

NARRATIVE (Refer to vehicle by Unit No.)

UNIT 1 WAS S/B CANFIELD IN THE 4400 BLOCK. UNIT 2 WAS PARKED S/B CANFIELD AT 4412 CANFIELD. UNIT 1, WITH ITS PASSENGER SIDE MIRROR, STRUCK THE DRIVER MIRROR OF UNIT 2. UNIT 2'S MIRROR WAS COMPLETELY SEPARATED FROM THE VEHICLE. UNIT 1'S PASSENGER MIRROR RECEIVED COSMETIC DAMAGE ONLY. DRIVER OF UNIT 1 WAS ATTEMPTING TO MAKE SPACE FOR A VEHICLE GOING N/B CANFIELD. PER DEPARTMENT POLICY, DRIVER OF UNIT 1 TRANSPORTED HIMSELF TO RESURRECTION HOSPITAL.

LOCAL USE ONLY

U1 Color **BLK**U2 Color **TAN**

U1 Towed by / to

U2 Towed by / to

COMMERCIAL MOTOR VEHICLE (CMV)

IF MORE THAN ONE CMV IS INVOLVED, USE SR 1050A
ADDITIONAL UNITS FORMS.

A CMV is defined as any motor vehicle used to transport passengers or property and:

1. Has a weight rating of more than 10,000 pounds (example: truck or truck/trailer combination); or
2. Is used or designed to transport more than 15 passengers, including the driver (example: shuttle or charter bus); or
3. Is designed to carry 15 or fewer passengers and operated by a contract carrier transporting employees in the course of their employment (example: employee transporter - usually a van-type vehicle or passenger car); or
4. Is used or designated to transport between 9 and 15 passengers, including the driver, for direct compensation (example: large van used for specific purpose); or
5. Is any vehicle used to transport any hazardous material (HAZMAT) that requires placarding (example: placards will be displayed on the vehicle).

CARRIER NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

USDOT NO. _____ ILCC NO. _____

Source of above info. ☐ Side of Truck ☐ Papers ☐ Driver ☐ Log Book

Gross Vehicle Weight Rating (GVWR) _____

Were HAZMAT placards displayed on the vehicle? ☐ Y ☐ N

If yes, name on placard _____

4-digit UN no. _____ 1-digit Hazard Class no. _____

Did HAZMAT spill from the vehicle (do not consider fuel from the vehicle's own tank)? ☐ Y ☐ N ☐ UNKDid HAZMAT Regulations violation contribute to the crash? ☐ Y ☐ N ☐ UNKDid Motor Carrier Safety Regulations (MCS) violation contribute to the crash? ☐ Y ☐ N ☐ UNK

Was a Driver/Vehicle Examination Report form completed?

HAZMAT ☐ Y ☐ N ☐ UNK Out of Service? ☐ Y ☐ NMCS ☐ Y ☐ N ☐ UNK Out of Service? ☐ Y ☐ N

Form No. _____

IDOT PERMIT NO. _____ WIDE LOAD? ☐ Y ☐ N

TRAILER WIDTH(S): 0-96" 97-102" >102"

TRAILER 1 ☐ ☐ ☐TRAILER 2 ☐ ☐ ☐

TRAILER LENGTH(S): 1 _____ ft TRAILER 2 _____ ft

TOTAL VEHICLE LENGTH _____ ft NO. OF AXLES _____

SELECT CODES FROM BACK COVER OF CRASH BOOKLET:

VEHICLE CONFIGURATION _____

CARGO BODY TYPE _____ LOAD TYPE _____

